

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

10297821

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1		1				31								
2		1		1			32								
3		1		1			33								
4		1		1			34								
5	1		1				35								
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12		1		1			42								
13		1		1			43								
14		1		1			44								
15	1						45								
16	1						46								
17		1					47								
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50															
TOTAL IND.	4		2				TOTAL IND.								
TOTAL DEP.	23		12				TOTAL DEP.								
TOTAL CLAIMS	27		14				TOTAL CLAIMS								